

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000039905

1. Corporation Name

FRESH SQUEEZED INC.

Principal Place of Business

12801 ANGLE RD.
FORT PIERCE FL 34945

Mailing Address

12801 ANGLE RD.
FORT PIERCE FL 34945

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
12801 W. Angle Rd.
City & State
Ft. Pierce FL

Zip
34945 Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
12801 W. Angle Rd.
City & State
Ft. Pierce FL

Zip
34945 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/2000

5. FEI Number

65-1019385

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	BEVILLE, HOWARD B	12801 ANGLE RD.	FORT PIERCE FL 34945

8. Name and Address of Current Registered Agent

BEVILLE, HOWARD B
12801 ANGLE RD.
FORT PIERCE FL 34945

9. Name and Address of New Registered Agent

Name
Howard B. Beville
Street Address (P.O. Box Number is Not Acceptable)
12801 W. Angle Rd.
Suite, Apt. #, Etc.
City
Ft. Pierce State
FL Zip Code
34945

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Howard B. Beville
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-18-01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Howard B. Beville P.D.

SIGNATURE:

Howard B. Beville
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-01

Date

(561) 201-2652

Daytime Phone #

CR2E040 (8/01)

10-18-01

To whom it may concern,

This is my first year as a corporation. I was unaware of the uniform business report. The first notice I recieved was the notice of Dissolution. This may be because the address you have for me was incorrect. I have made the address change on the reinstatement form. I called your office and a lady told me to write this letter of explanation and send \$150.⁰⁰ with the enclosed form. Please accept the enclosed form and check.

Sincerely

Howard B. Beville co.
Fresh Squeezed Inc.

Howard B. Beville